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ABSTRACT

Recent literature which proposes a more active therapeutic stance with Afro-American clients is consistent with general trends in clinical theory. Therapists are beginning to appreciate the usefulness of the concept of the "self." Rychlak (1979) notes that a humanistic approach in psychology emphasizes the importance of an introspective point of view in understanding human behavior. It is impossible to account for human behavior without taking the actor's perspective into account. In a similar vein, Kohut (1977) stresses the importance of the empathy of parents for a child's needs, and of the therapist in the therapeutic situation. A theoretical and technical position that emphasizes empathic sensitivity to the client's experience is particularly useful in considering the experience of Afro-Americans. Minority clients' early disenchantment in therapy may reflect the failure of therapists to appreciate and respond empathically to the specific introspective point of view that the black client brings to therapy. (MCF)

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Attending to Self Activity in the Afro-American Client

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Attending to Self Activity in the Afro-American Client

For a number of years workers in the field of mental health have been concerned about how to engage black clients in psychotherapy and make the treatment process relevant to their needs. Recent writing calls attention to a specific aspect of this issue by noting that Afro-American clients as compared to white clients tend to break off contact after only one or two visits to a mental health center for treatment (Sue, 1977; Sue et al., 1974). Does this mean that Afro-American clients are less suitable for verbally oriented, exploratory psychotherapy? In my opinion this is not what is implied by these data. However, what may be indicated is that changes in the way the therapist conceives of and approaches the black client are in order. For example, Griffith and Jones (1979) suggest that if the therapist is to be successful with the Afro-American client (s)he must work skillfully in the first two or three sessions to build a treatment relationship. One cannot sit back too passively and simply expect a commitment to evolve.

In a recent paper Gibbs (1980) proposes a model that spells out in detail what some of the processes might be in the beginning phases of a treatment contact with Afro-American clients, recognizing that this need not be true of all black clients. She notes that black clients in a consulting or therapeutic relationship tend to take an "interpersonal" rather than an "instrumental" orientation to the encounter initially. That is, they are especially tuned in to the interaction process between therapist and client rather than on getting immediately to the goal or task-related aspects of the problem that brought them to therapy. She

suggests that one can see this in several "micro-stages" in the first two or three sessions of the treatment process. At first the client warily "sizes up" the therapist remaining somewhat aloof; then the client may "check out" the therapist by posing questions and challenges regarding the therapist's values or qualifications. If the therapist doesn't measure up, presumably the client will leave after one or two sessions. If satisfied so far the client becomes "involved" and begins to open up considerably more. (S)he becomes more self-disclosing. In a fourth stage the client's further involvement with the process takes the form of "loyalty and personal regard" for the therapist rather than a belief in the treatment process per se. Finally, the client moves on to become "engaged" in the treatment relationship and committed to the task-centered aspects of the treatment.

This analysis in and of itself is quite useful and sheds considerable light on issues involved in working with Afro-American clients. It suggests that there are some special processes at work in black clients that therapists must pay attention to in order to bridge some of the gulfs that hinder effective treatment. But in addition I think her discussion is interesting because it can be seen to fit in to broader trends emerging in dynamically oriented psychotherapies. These are trends which recognize strivings for greater effectiveness in living in the human personality. For example, Sampson (1976) has described a variant of psychoanalytic theory which he and his colleagues call "Control-Mastery" theory. A fundamental tenet of this view is that "a patient's most powerful unconscious motivation is to solve his problems (p. 257)" by gradually bringing them into consciousness where (s)he can get better control over them. From early on the client poses what these writers call "tests" in

the relationship to guage the therapist's reaction, helping the client to determine whether it is safe to be more self-disclosing and bring the problems more into the open. The research program generated by this group seems to have validated this framework. This perspective is similar in theme to what Gibbs describes. In this paper the point that I am going to develop in addition is that such a testing process on the client's part represents a manifestation of the "self", an aspect of personality functioning being rediscovered by some psychodynamically oriented theories. The term "self" which has particular meaning in humanistic psychological conceptions can be especially useful in understanding the needed approaches to therapy with Afro-Americans.

I have described at length the usefulness of one specific and well-articulated approach to humanistic psychology in general for considering a broad set of psychological issues for the black American (Jenkins, 1982). The perspective I have drawn on is the one developed by Joseph Rychlak which he calls "logical learning theory" (1977). Briefly, key ideas in this conception are: 1) subjectively held intentions and purposes are as important as environmental contingencies in governing the way people behave; 2) dialectical thinking, the capacity to imagine alternative conceptions of life situations, is frequently used by people to guide their behavior; and 3) human mentality is active not simply passively re-active as it "comes at" experience. This perspective is enriched further by noting that human psychology is characterized partly by an inherent striving for effective and competent interaction with the environment (White, 1963).

The humanistic approach is counterposed to a mechanistic view, which is the prevailing one in psychology. Such a view tries to account for

behavior exclusively in terms of environmental contingencies and/or constitutional drive factors. The latter approach is one that rules out independent volition and choice as important contributors to behavior. However, "the tie binding all humanists is [the] assumption that the individual [as agent in his/her life] 'makes a difference' or contributes to the flow of events (Rychlak, 1976, p. 128)." With respect to the Afro-American the point is that blacks have survived their oppressive history in the United States because they have actively and intentionally brought to their lives conceptions of their competence that have been at variance with the judgments made of them by the majority society (Jenkins, 1982).

A fundamental way of characterizing the sense of agency and initiative in the human personality is the concept of self. From an introspective slant the self is the sense of orientation or identity that guides a person's choices. It is the sense the individual has of his/her agency in life, and it is represented by the consistent "logical thrust" of the perspectives that the individual develops in the course of life (Rychlak, 1977, p. 350). As Kohut and Wolf note the term can be used to refer to "the patterns of ambitions, skills and goals;...the program of action they create; and the activities that strive towards realization of this program...all experienced as continuous in space and time (1978, p.414)."

A basic motivation for people is the furthering of the kind of development which they can perceive as advantageous for the self. This is a continuous process which has been variously called self-realizaton, self-enhancement, or self-actualization. When a person comes into therapy this process is being impeded to some degree. The person feels in a state of "demoralization", as Jerome Frank put it (1973), about being able to

continue the process of pursuing personal growth. Some writing within the psychoanalytic tradition (Goldberg, 1980; Kohut, 1977; Kohut & Wolf, 1978) argues that it is the therapist's task not only to address specific disturbed defensive patterns, and disharmonies among personality structures, but also to recognize the disruption in the sense of integratedness and continuity of being, the sense of self, from which people take their sense of personal direction.

Attention to self processes is particularly important for Afro-Americans because racist society has operated to try to stifle assertive self activity in blacks. Racism is an assault on healthy self processes. The average black person, at some cost in personal energy, is able to keep in check doubts about self-esteem engendered by negative reflections from the racist society. (S)he does this through continued efforts at striving for competence, efforts that are a too little noticed part of Afro-American history (Jenkins, 1982). But when black individuals find that they must seek psychological help, they do not only bring the maladaptive aspects of their functioning. They also bring some of the same processes that produce strivings for competence and which generally push them to search for a way out of their dilemmas. They are also processes which help them sustain a relative balance in dealing with social oppression.

The psychological literature suggests different ways of characterizing self activity. I will briefly discuss certain features of Rychlak's logical learning theory and Kohut's self psychology. In Rychlak's approach to humanistic psychology (1977), an important feature that is postulated about the self activity of all persons is an innate tendency to apply "affective assessments" to situations which they confront. Affective assessments are judgments with distinct feeling tone (hence

"affective") that human beings are able to make from birth. Such judgments give one's affirmations about experience a positive or negative affective meaning value. Any time an individual apprehends a situation as being meaningful (s)he also applies an affective assessment to it--positive, negative, or mixed, i.e. ambivalent, but never indifferent. So in this view a person's understanding of a situation always involves affective as well as cognitive components. Affective assessments or affections are different from "emotions." The latter are rooted in our physiology and have a more peremptory, efficient-cause quality, whereas affections, as judgments about experience, "are purely mental phenomena, ultimately arbitrary and up to the person who levels such idiographic judgments from his or her (introspective) perspectives on life (Rychlak, 1977, p.317)." So for example, though we may experience anger clearly about a particular circumstance we are able to judge it as righteous and therefore expressable or as inappropriate and to be suppressed. Affective assessments are a prime example of self activity because they illustrate the individual acting as a selecting judging being about the events that go on in his/her life.

There has been considerable research showing that the affective assessment process can be operationalized and can be reliably demonstrated to influence the learning of various materials presented in experimental situations (Rychlak, 1977). Stimulus items that are rated by subjects with a positive assessment--that is, rated as being "liked", are learned more readily than those items rated as being "disliked"--i.e., given a negative affective assessment. Now, of particular concern to us, Rychlak and his co-workers have found that Afro-Americans and Mexican-Americans, and lower class subjects of any ethnic group, tend to make use of their

affective assessment proclivities in experimental learning situations more than do white and middle class subjects. Rychlak's explanation of these findings rests on the issue of identity, i.e. the sense of self in these persons:

> To the extent that a subject feels outside of the main thrust of a society--or, put another way, removed from ready identification with the values of that society--to that extent will he fall back on the purely innate ability he has to order experience affectively and learn in this completely natural (i.e., unlearned, innate) fashion rather than according to the intellectualized discriminants of the broader verbal community. (1978, p. 114).

The phrases about "intellectualized discriminants" and "the broader verbal community" refer to the fact that the prototypical task in this research program has involved learning nonsense syllables. Learning in such paradigms always involves the possibility of using the similarity of the nonsense words to standard English words as the basis for speedy learning. However, learning along the personalized affective assessment lines has been shown to be empirically independent of these cultural-environmental factors. Thus it seems as if minority group subjects, feeling themselves to be outside of the cultural mainstream, tend not to rely on the dominant cultural-verbal cues for learning in these situations.

Now, these considerations have relevance for the topic of psychotherapy. The literature suggests that a sense of alienness and cultural awkwardness is often involved for black clients when they come to the clinic for help (Block, 1981). As a consequence of their experiences in the United States Afro-Americans have had to learn to shield sense of self in various ways. As Gibbs (1982) notes, this can be seen in the guarded and aloof manner in which the Afro-American client frequently presents in psychotherapy at first. But there is more to the black

client's response than simply defensiveness. What we may also be seeing in the early stages of therapy with Afro-American clients is an active use of the everyday human capacities for affective assessment that blacks tend to rely on more in this society. That is, having been discouraged from having faith in American institutions and from identifying with the dominant intellectualized cultural style of approaching situations, blacks make use of a native and universal mode, namely bringing their affective evaluation capacities into play and guiding their ensuing behavior accordingly.

So, for example, faced by a white and/or middle class therapist using standard English--cues that indicate a potential cultural difference in style, and being aware of the kinds of attitudes society frequently directs at blacks, the client is likely to evaluate the treatment situation negatively. The proclivity to leave such a setting would be heightened. Even when the client continues to come regularly the negative assessment probably would lead the client to perceive the conceptual reorganizations being suggested by the therapist in a negative way leading the person to avoid making use of them. (Note that there is an alternative possibility. The humanistic perspective holds that although aware of negative institutional attitudes and practices towards blacks, the client, in principle, could from the outset choose to assess the treatment situation positively--that is, hopefully. Some people do that. That is always a choice made by the client based on his/her perspectives on the situation. Of course, it is quite understandable why blacks, as they approach the treatment situation, frequently make the choice to posit and pursue, at least briefly, a negative assessment about what they are getting into.) It is important to understand that such responses do not

just reflect "resistance" to treatment in the classical sense. While some resistance may be involved, the responses I am referring to also represent the agency of an active judging mind evaluating what seems best for it consistent with principles of self-enhancement. This implies that even when black clients seem relatively passive and unresponsive they are actively engaged in an assessment process reflecting the operation of this basic self activity. A tactful but active and early response on the therapist's part is called for.

Gibbs (1982) suggests specific ways in which the therapist can meet each stage of the client's early assessment process. For example, as the client starts by "sizing up" the therapist, Gibbs notes that the latter needs to respond in a down-to-earth and straightforward manner. In addition the therapist must manifest an "egalitarian" attitude. This involves, for example, communicating in non-technical language and acting in a democratic, non-authoritarian manner. Such an approach helps ease the feeling of status difference between therapist and client. There has been research on the salutory effects of eqalitarianism. Lerner (1972) found that lower-class minority clients treated by therapists who communicated an egalitarian attitude toward them in therapy improved more than did those who did not communicate such an atmosphere. This was confirmed in principle in a study by Ross (1982) who found, using Lerner's definition of egalitarianism, that black patients seen by therapists who expressed such attitudes remained in therapy longer than did those patients who found such an atmosphere missing in the early phases of the relationship. While not being highly directive and intrusive the therapist does well not to hide behind an inscrutable passivity. Continuing strivings for effectiveness and competence in living are a

central aspect of the self. The therapist's egalitarian attitude expresses a respect for such intentions.

Let's see now what another perspective on self can contribute to these issues. Kohut (1977) has suggested that the classical psychoanalytic drive and defense psychology is not sufficient to understand the dynamics of psychological function and dysfunction. He and his colleagues have postulated that there is a need in our theory of personality and clinical technique for a systematic consideration of the concept of self as "an independent center of initiative, an independent recipient of impressions (Kohut & Wolf, 1978, p. 414)." The self in this view has its own line of development and emerges from the interaction with empathically sensitive parents, the principal "selfobjects" in the child's life. The soothing and cohesive effect on the developing self created by the parents' genuine albeit sometimes imperfect attempts to relate to the child empathically is a central concept for Kohut. Normally the parents effectively mirror the child's worth to him/her in their daily interactions and serve as objects to whom the child "can look up and with whom he can merge as an image of calmness, infallibility and omnipotence (Kohut & Wolf, 1978, p. 414)."

Thus the quality of the interaction between the child and its selfobjects determines the degree of firmness and healthiness of the self. Writing within this tradition the analyst Michael Basch notes that most patients seen in a "dynamically oriented practice failed in their early years to develop the requisite self-esteem to handle successfully the final disappointment of their narcissistic hopes and wishes in the oedipal phase (1980, p.126)." In later life the individual goes on to try and get others to make up for what (s)he has missed. As such a person comes into psychotherapy (s)he attempts to establish what Kohut calls

"narcissistic" or selfobject transferences with the therapist aimed at enabling the patient to complete specific developmental phases of the formation of the sense of self. Transference manifestations may take the form of wishes for a "mirroring" of the patient's sense of worth by the therapist and/or an"idealizing" of the therapist with the intention of allying with the powerful selfobject.

Directing attention to the individual's efforts at repair of self as these attempts get revealed in the transference, puts emphasis on the fact that the therapist becomes involved very quickly in a (fantasied) relationship with the client. This connects the perspective of the self psychologists with the point of view introduced by Gibbs (1982) regarding the initial phase of therapy with black clients. Recall that she suggested that an "interpersonal" approach is necessary in the early sessions to engage the client. This means that in the self psychology view as well as in this recent perspective on Afro-American clients, the therapist must attend to certain interpersonal processes from early on in the treatment relationship. With Afro-American clients the content of the interpersonal concerns brought may have a specific character that is additional to that considered with other clients, but the need to attend to interpersonal issues is similar.

The black client like other clients comes to therapy hoping to further his/her self development by establishing a suitable relationship with the therapist. The interpersonal processes that the self psychologists indicate that most patients are concerned with become a matter of immediate concern for the black client whose affective assessment processes make him/her especially attentive to the therapist's ability to bridge what is ordinarily a culture gap in the world outside the

consulting room. The therapist, particularly when white, has a complex though certainly not insurmountable task with the minority client. (S)he must not only help the client pursue disruptions in self functioning engendered by personal-developmental history, (s)he must help the client to see that the majority or Establishment society as represented symbolically by the therapist is supportive of the client's particular efforts at self development as an Afro-American person. The early gambits that Gibbs (1982) sees the patient as posing are efforts to assess the degree of the therapist's interpersonal (or transference management) competencies. To put it in Kohut's terms the client is actively concerned with evaluating the clues that (s)he will find in the therapist a person who will be accepting and understanding, i.e. effectively mirroring, of his personal and cultural uniqueness and then that the therapist will be someone who seems skillful enough to pose as a model--even if only in how to conceptualize and thereby gain better control over his/her problems--whom the patient can use as something of an ego ideal for his self-reparative efforts.

Gibbs suggests that another feature of the therapists' early activity should be that of taking the opportunity to make clear their support for the black client's struggle with social oppression and a receptiveness to the client's perhaps different cultural style. Cultural difference between therapist and client is sometimes seen as a stumbling block for progress in the relationship. Basch (1980) notes that the main basis for understanding any patient that a therapist has is his own personality and his personal as well as professional experience. There is no escape from this, nor should there be. Where therapist and patient share a background of having grown-up in a Western culture dominated by the concept of the

nuclear family an initial bond can be developed. Beyond this a therapist must be prepared to learn from the client about the latter's style and culture and as has been stated many times, (s)he must be sensitive to his/her own biases and prepared to deal with them. A therapist's straightforward and respectful inquiry about things that he doesn't know comunicates that soothing attitude of acceptance of the client's self and self-enhancing efforts that is a requisite for relationship building and progress.

In conclusion I have been suggesting that recent literature which proposes a more active therapeutic stance with the Afro-American client is consistent with general trends in clinical theory which are coming to appreciate the usefulness of the concept of "self". There is a further similarity across these different approaches that is worth highlighting. Rychlak notes that a humanistic approach in psychology emphasizes the importance of an introspective point of view in understanding behavior (1979). That is, it is not possible to account for important aspects of behavior unless one takes the actor's perspective into account--his/her goals, purposes, intentions. These are partly represented by the sense of self. Such an emphasis is in contrast to the prevailing scientific views in psychology that hold that one can adequately describe behavior from an "extraspective", third-person view of the actor--"over there", as it were. In a similar vein Kohut (1977) stresses the importance of empathy on the part of the parent towards the child's needs and on the therapist's part in the therapeutic situation. Empathy is a <u>way of perceiving</u>--"experiencing from <u>within</u> the patient's experience (Schwaber, 1980a, p. 216)." This notion is very much consistent with the point Rychlak makes in describing the humanistic view.

Although empathy is a concept familiar to psychotherapists and is

certainly not original with the Kohut group, one aspect of this emphasis should be underscored. Schwaber in characterizing this way of attending to the patient's experience notes the distinction between this "empathic-introspective" point of view and an "inferential-extrospective" viewpoint. The latter has more of the quality of trying to figure out what's going on in that person being observed "over there" (1980b, p.255). Now, of course, there are many times when a more inferential perspective is necessary. No two people share experiential perspectives completely, especially when there are cultural or other similarly significant differences between them. Both the introspective and extraspective perspectives are necessary in trying to understand human phenomena. The point here is that a theoretical and technical position that emphasizes empathic sensitivity to the client's experience has to be particularly useful in considering the experience of Afro-Americans. The self psychologists have criticized psychoanalytic theory for not paying sufficient empathic attention to the structured aspect of personal striving embodied in the concept of self. Translated into these terms Gibbs (1982) is suggesting that the early disenchantment of minority clients may reflect the failure to appreciate and respond empathically to the specific introspective point of view that the black client brings.

A hallmark of American society has been its failure to empathically share the experience of Afro-American and other ethnic minority peoples and understand them as broadly similar in some ways but also as beings whose unique perspectives need to be heard. A particular contribution of humanistic and self psychology approaches for the Afro-American may be to help the therapist to be sensitized to a mode of relating that is consonant with better technique and also consonant with better citizenship in the wider society.

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